

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION		FEC IDENTIFICATION NUMBER ▼ C C00487470	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 2001 L St., NW Suite 600		Amount 147.26	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.9536
Purpose of Expenditure mail production costs (from advance line 21)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate NEAL PATRICK MD DUNN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 2001 L St., NW Suite 600		Amount 9.77	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.9537
Purpose of Expenditure internet communications (from advance line 21)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate MARY THOMAS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	157.03
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adam Rozansky

[Electronically Filed]

Date

MM / DD / YYYY
08 / 23 / 2016

Signature

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cold Spark Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 307 Fourth Ave. Suite 920		Amount 4680.04	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : SE.9533
Purpose of Expenditure mail production costs, postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2016	
Name of Federal Candidate NEAL PATRICK MD DUNN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4680.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4837.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adam Rozansky

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Date

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08 / 23 / 2016

Signature